

MAR 22 2005

Procter & Gamble – I.P. Division**IMPORTANT CONFIDENTIALITY NOTICE**

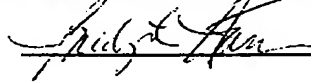
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**FACSIMILE TRANSMITTAL SHEET AND
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FROM: Bridget Harris for Jerry J. Yetter, Esq. (Typed or printed name of person signing Certificate)

Fax No. 513/627-0375

Phone No. 513/627-2996

Listed below are the item(s) being submitted with this Certificate of Transmission:**

Number of Pages Including this Page: 9

- 1) Response Transmittal – in duplicate
- 2) Fee Transmittal – in duplicate
- 3) Amendment – 4 pgs.
- 4)
- 5)

Inventor(s): Kinloch et al.

S.N.: 10/613,285

Filed: 7/3/2003

Docket No.: CM2681M

Comments:

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Certification of Mailing or Facsimile Transmission

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Jerry J. Yetter 26,598
Name Registration No. (if applicable)

Signature
March 22, 2005

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MAR 22 2005

IN THE UNITED STATES PATENT & TRADEMARK OFFICE
RESPONSE/AMENDMENT

COMMISSIONER FOR PATENTS
Via facsimile 703/872-9306

Dear Sir:

Transmitted herewith is an AMENDMENT for the patent application:

Application No. : 10/513,285
Applicant(s) : James Ian Kinloch et al.
Filed : 7/3/2003
Title : Detergent Composition
TC/A.U. : 1700/1751
Examiner : G.R. Delcotto
Conf. No. : 4038
Docket No. : CM2681M
Customer No. : 27752

- ☐ No additional fees (claims fees or extension fees) are known to be required.
- ☒ The fee has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)	OTHER THAN A SMALL ENTITY	
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA*	RATE	FEE
TOTAL	* 2	MINUS	** 20	= 0	x \$ 50 =	\$
INDEP.	* 1	MINUS	*** 3	= 0	x \$200 =	\$
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					+ \$360 =	\$
					TOTAL	\$

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the highest number of total claims previously paid for is less than 20, write "20" in this space.

*** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

- ☒ The Commissioner is hereby petitioned under 37 CFR §1.136(a) to grant any extension of time needed for timely response to the Office Action dated 09/28/2004 in the above-identified application to preserve pendency of said application. The processing fee under 37 CFR §1.17 has been determined as follows: \$1020.00 for a 3-month extension of time.
- The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 16-2480. A duplicate copy of this sheet is attached.
 - ☒ Any patent application processing fees under 37 CFR §1.16.
 - ☒ Any patent application processing fees under 37 CFR §1.17.
- The Director is hereby authorized to make any additional copies of this sheet needed to accomplish the purposes provided for herein and to charge any fee for such copies to Deposit Account No. 16-2480.

THE PROCTER & GAMBLE COMPANY

By

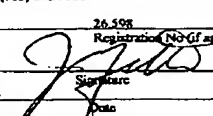
Jerry J. Yetter

Date: March 22, 2005

Customer No. 27752

(Transamd.doc) Revised 12/08/2004

Registration No. 26,598
(513) 627-2996

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[] mailed or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop _____ Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450	
[X] facsimile transmitted to the U.S. Patent and Trademark Office via fax number (703) 872-9306	
Jerry J. Yetter Name	26,598 Registration No. (if applicable)
March 22, 2005 Date	 Signature

**IN THE UNITED STATES PATENT & TRADEMARK OFFICE
RESPONSE/AMENDMENT**

COMMISSIONER FOR PATENTS
Via facsimile 703/872-9306

Dear Sir:

Transmitted herewith is an AMENDMENT for the patent application:

Application No.	:	10/513,285
Applicant(s)	:	James Ian Kinloch et al.
Filed	:	7/3/2003
Title	:	Detergent Composition
TC/A.U.	:	1700/1751
Examiner	:	G.R. Delcotto
Conf. No.	:	4038
Docket No.	:	CM2681M
Customer No.	:	27752

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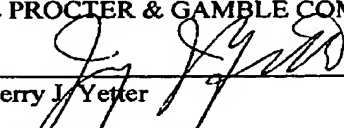
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THE PROCTER & GAMBLE COMPANY

By 
Jerry J. Yetter


Date: March 22, 2005
Customer No. 27752
(Transamd.doc) Revised 12/08/2004

Registration No. 26,598
(513) 627-2996

PTO/SB/17 (12-04)
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

FEE TRANSMITTAL for FY 2005 Patent fees are subject to annual revision. Effective December 8, 2004	Complete if Known	
	Application Number	10/613,285
	Confirmation Number	James Ian Kinloch et al.
	Filing Date	7/3/2003
	First Named Inventor	James Ian Kinloch
	Examiner Name	G.R. Delcotto
TOTAL AMOUNT OF PAYMENT (\$)1020.00	Art Unit	1751
	Attorney Docket No.	CM2681M

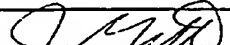
METHOD OF PAYMENT 1. [X] The Director is hereby authorized to charge indicated fees submitted on this form, credit any over payments, and charge any additional fee(s) during the pendency of this application to: Deposit Account Number: 16-2480 Deposit Account Name: The Procter & Gamble Company		FEE CALCULATION (continued)																																																																												
FEE CALCULATION 2. BASIC FILING FEE - Large Entity <table border="1"> <thead> <tr> <th></th><th>FILING FEE</th><th>SEARCH FEE</th><th>EXAMINATION FEE</th><th></th></tr> </thead> <tbody> <tr> <td>Application Type</td><td></td><td></td><td></td><td>Fee Paid</td></tr> <tr> <td>Utility</td><td>(\$300)</td><td>(\$500)</td><td>(\$200)</td><td>(Total = \$1000) <input type="checkbox"/></td></tr> <tr> <td>Design</td><td>(\$200)</td><td>(\$100)</td><td>(\$130)</td><td>(Total = \$430) <input type="checkbox"/></td></tr> <tr> <td>Reissue</td><td>(\$300)</td><td>(\$500)</td><td>(\$600)</td><td>(Total = \$1400) <input type="checkbox"/></td></tr> <tr> <td>Provisional filing fee</td><td></td><td></td><td></td><td>(Total = \$200) <input type="checkbox"/></td></tr> </tbody> </table>			FILING FEE	SEARCH FEE	EXAMINATION FEE		Application Type				Fee Paid	Utility	(\$300)	(\$500)	(\$200)	(Total = \$1000) <input type="checkbox"/>	Design	(\$200)	(\$100)	(\$130)	(Total = \$430) <input type="checkbox"/>	Reissue	(\$300)	(\$500)	(\$600)	(Total = \$1400) <input type="checkbox"/>	Provisional filing fee				(Total = \$200) <input type="checkbox"/>	5. ADDITIONAL FEES <table border="1"> <thead> <tr> <th>Fee Description</th><th></th><th>Fee Paid</th></tr> </thead> <tbody> <tr> <td>Extension for reply within 1st month</td><td>(\$120)</td><td><input type="checkbox"/></td></tr> <tr> <td>Extension for reply within 2nd month</td><td>(\$450)</td><td><input type="checkbox"/></td></tr> <tr> <td>Extension for reply within 3rd month</td><td>(\$1,020)</td><td>[1020]</td></tr> <tr> <td>Extension for reply within 4th month</td><td>(\$1,590)</td><td><input type="checkbox"/></td></tr> <tr> <td>Extension for reply within 5th month</td><td>(\$2,160)</td><td><input type="checkbox"/></td></tr> <tr> <td>Information Disclosure Statement fee</td><td>(\$180)</td><td><input type="checkbox"/></td></tr> <tr> <td>37 CFR 1.16(e) Late Oath/Declaration (nonprovisional)</td><td>(\$130)</td><td><input type="checkbox"/></td></tr> <tr> <td>37 CFR 1.17 (q) Missing Parts (provisional)</td><td>(\$50)</td><td><input type="checkbox"/></td></tr> <tr> <td>Non-English specification</td><td>(\$130)</td><td><input type="checkbox"/></td></tr> <tr> <td>Notice of Appeal</td><td>(\$500)</td><td><input type="checkbox"/></td></tr> <tr> <td>Filing a brief in support of an appeal</td><td>(\$500)</td><td><input type="checkbox"/></td></tr> <tr> <td>Request for oral hearing</td><td>(\$1,000)</td><td><input type="checkbox"/></td></tr> <tr> <td>Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)</td><td>(\$1,370)</td><td><input type="checkbox"/></td></tr> <tr> <td>Other:</td><td></td><td><input type="checkbox"/></td></tr> </tbody> </table>		Fee Description		Fee Paid	Extension for reply within 1 st month	(\$120)	<input type="checkbox"/>	Extension for reply within 2 nd month	(\$450)	<input type="checkbox"/>	Extension for reply within 3 rd month	(\$1,020)	[1020]	Extension for reply within 4 th month	(\$1,590)	<input type="checkbox"/>	Extension for reply within 5 th month	(\$2,160)	<input type="checkbox"/>	Information Disclosure Statement fee	(\$180)	<input type="checkbox"/>	37 CFR 1.16(e) Late Oath/Declaration (nonprovisional)	(\$130)	<input type="checkbox"/>	37 CFR 1.17 (q) Missing Parts (provisional)	(\$50)	<input type="checkbox"/>	Non-English specification	(\$130)	<input type="checkbox"/>	Notice of Appeal	(\$500)	<input type="checkbox"/>	Filing a brief in support of an appeal	(\$500)	<input type="checkbox"/>	Request for oral hearing	(\$1,000)	<input type="checkbox"/>	Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)	(\$1,370)	<input type="checkbox"/>	Other:		<input type="checkbox"/>
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3. APPLICATION SIZE FEE: Sheets of Spec and Drawings <input type="checkbox"/> (\$250 for each 50 sheets in excess of 100, except for sequence and program listings) SUBTOTAL (2)+(3) (\$)		SUBTOTAL (5) (\$) 1020																																																																												
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SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Jerry J. Yetter	Telephone	(513) 627-2996
Signature		Date	March 22, 2005
	Registration No. (Attorney/Agent)		26,598

This collection of information is required by 37 CFR 1.17. The information is required to obtain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon individual case. Any comments on the amount of time you are required to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P. O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Counselor for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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METHOD OF PAYMENT		FEE CALCULATION (continued)																																														
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Utility	(\$300)	(\$500)	(\$200)	(Total = \$1000) <input type="checkbox"/>																																												
Design	(\$200)	(\$100)	(\$130)	(Total = \$430) <input type="checkbox"/>																																												
Reissue	(\$300)	(\$500)	(\$600)	(Total = \$1400) <input type="checkbox"/>																																												
Provisional filing fee			(Total = \$200)	<input type="checkbox"/>																																												
3. APPLICATION SIZE FEE: Sheets of Spec and Drawings <input type="checkbox"/> (\$250 for each 50 sheets in excess of 100, except for sequence and program listings) SUBTOTAL (2)+(3) (\$) <input type="checkbox"/>																																																
4. EXTRA CLAIM FEES FOR UTILITY AND REISSUE: <table border="1"> <thead> <tr> <th></th><th>Extra Claims</th><th>Fee from Below</th><th>Fee Paid</th></tr> </thead> <tbody> <tr> <td>Total Claims</td><td><input type="checkbox"/> - 20** = <input type="checkbox"/> x</td><td><input type="checkbox"/> =</td><td><input type="checkbox"/></td></tr> <tr> <td>Independent Claims</td><td><input type="checkbox"/> - 3** = <input type="checkbox"/> x</td><td><input type="checkbox"/> =</td><td><input type="checkbox"/></td></tr> <tr> <td>Multiple Dependent claims:</td><td></td><td><input type="checkbox"/> =</td><td><input type="checkbox"/></td></tr> </tbody> </table> ** or number previously paid, if greater; For Reissues, see below Fee Description Claims in excess of 20 (\$50 per claim) Independent claims in excess of 3 (\$200 per claim) Multiple dependent claim, if not paid (\$360) **Reissue: each independent claim over 3 and more than in the original patent (\$200 per claim) **Reissue claims: each claim over 20 and more than original patent (\$50 per claim) SUBTOTAL (4) (\$) <input type="checkbox"/>			Extra Claims	Fee from Below	Fee Paid	Total Claims	<input type="checkbox"/> - 20** = <input type="checkbox"/> x	<input type="checkbox"/> =	<input type="checkbox"/>	Independent Claims	<input type="checkbox"/> - 3** = <input type="checkbox"/> x	<input type="checkbox"/> =	<input type="checkbox"/>	Multiple Dependent claims:		<input type="checkbox"/> =	<input type="checkbox"/>	SUBTOTAL (5) (\$) [1020]																														
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Multiple Dependent claims:		<input type="checkbox"/> =	<input type="checkbox"/>																																													

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Jerry J. Vetter	Registration No. (Attorney/Agent)	26,598
Signature		Telephone	(513) 627-2996
		Date	March 22, 2005

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